**Epilepsy Transition Service Audit Proforma (currently undergoing transition or completed transition within the last year)**

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| **ID No:** | **Age:** | **Sex:** |
| Mild Learning Disability Moderate or Severe Learning Disability Autism *(circle if present)* | | |
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| **Is the patient currently undergoing transition? If no, ‘Completed transition section below’** | YES | NO |
| Is there a designated Lead Clinician? | YES | NO |
| Does the CYP have access to an Epilepsy Nurse specialist? | YES | NO |
| Is there an Individual Transition plan | YES | NO |
| Are there agreed outcomes to achieve before transfer to adult services included in the Individual Transition plan? | YES | NO |
| Has the timing of transfer been discussed/agreed with the CYP, their family or carers? | YES | NO |
| **Has the patient completed transition in the last year?** | YES | NO |
| What was the duration of the period of transition? | <6month | 6-11months |
| 12-24 months | >24 months |
| Did the CYP have access to an Epilepsy Specialist Nurse (or Community Paediatric Nurse if under the care of Community Teams)? | YES | NO |
| Was there an Individual Transition Plan? | YES | NO |
| Were there agreed outcomes to achieve before transfer to adult services included in the Individual Transition plan? | YES | NO |
| If Yes, did the CYP achieve the agreed transition outcomes before transfer to adult services? | YES | NO |
| Was the CYP seen jointly by Paediatric and adult services during transition to plan transfer? | YES | NO |
| Were other services outside secondary or tertiary paediatric services involved prior at the start of transition? | YES | NO |
| If yes, were these other services involved in transition? | YES | NO |
| If applicable, was a hospital passport completed before transfer? | YES | NO |
| If applicable, was consent for sharing information completed before transfer? | YES | NO |
| Was there an agreed plan in case of need for acute admission during transition and before first appointment in adult services? | YES | NO |
| Was there an agreed transfer destination in adult services for each paediatric service supporting the CYP during transition? | YES | NO |
| Was the CYP with epilepsy given a feedback questionnaire at the end of transition? | YES | NO |
| Was the family/carer given a feedback questionnaire at the end of transition? | YES | NO |
| Notes: | | |